

FILED FEB 5 1951

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1979

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 3048		Registrar's No. 21	
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Nodaway			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. LENGTH OF STAY (If applicable) 9 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Quitman		0740	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital				d. STREET ADDRESS (If rural, give location) none			
3. NAME OF DECEASED (Type or Print) FREDERICK		a. (First)		b. (Middle)		c. (Last) WRIGHT	
4. DATE OF DEATH (Month) 1 (Day) 21 (Year) 51		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 9/19/78		9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postmaster		11. BIRTHPLACE (State or foreign country) Craig, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME James Alexander Wright		13b. MOTHER'S MAIDEN NAME Virginia Sharp		14. NAME OF HUSBAND OR WIFE Ethel Gillinger Wright	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Fred Wright, Quitman, Missouri			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Lobar Pneumonia DUE TO (c) Fracture of hip II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of hip				INTERVAL BETWEEN ONSET AND DEATH 10 days 89025	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION no operation				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Quitman Nodaway Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 11 1957 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fall on street			
22. I hereby certify that I attended the deceased from 1-11-57 to Jan. 21, 1951 , that I last saw the deceased alive on 1-21-57 , and that death occurred at 8:00 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE L. E. Dean (Degree or title) M. D. O.				23b. ADDRESS Maryville, Missouri		23c. DATE SIGNED 1-23-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1/24/51		24c. NAME OF CEMETERY OR CREMATORY I. O. O. F.		24d. LOCATION (City, town, or county) (State) Quitman, Missouri	
DATE REC'D BY LOCAL REG. 1-27-51		REGISTRAR'S SIGNATURE Kess Holt		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed

Clayton M. P. ...

Signed
Student Embalmer

Licensed Embalmer No. *1822*

P. O. Address *Mayville Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.